Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in this Application.

Listing of Claims:

1. (Original) A method of endoprosthetic discectomy surgery comprising the steps of receiving information about the size, shape and nature of a patient's damaged natural spinal vertebral bodies and discs from radiographs, CT and/or MRI scans or other imaging devices specifically determining the anterior-posterior and lateral dimensions of each involved vertebral body, the vertical height of the anterior aspect of each involved vertebral and/or proximate vertebral body, and the vertical height of the mid-portion of the involved and proximate normal intervertebral disc spaces, thereafter constructing one or more prosthetic vertebral body units and prosthetic disc units in conformity with the received information, each prosthetic disc unit including confronting L-shaped concaval-convex elements and a resilient body interposed between the concaval-convex elements; and an endoprosthetic vertebral body interposed between and engaging the adjacent disc units; and thereafter implanting the completed and conformed construction in the patient's spine.

2. (Original) A method according to claim 1 including the step of constructing a plurality of prosthetic disc units and further including the step of attaching the disc units to an endoprosthetic vertebral body prior to the step of supplying the assembly to the surgeon.

3. (Original) A method according to claim 1 further including the steps of surgically milling spinal bone surfaces with concave surfaces to receive confronting convex surfaces of the concaval-convex elements, and installing at least one disc unit having concaval-convex elements with said convex surfaces in the patient's spine.

4-11. (Cancelled)

12. (Currently amended) A method of surgery comprising:

implanting at least on anchor into a hole having a predetermined position in an anterior surface of at least one vertebral body;

affixing a bone surface milling mechanism to the at least one anchor;

forming partially hemispherical surfaces in endplates of confronting vertebral bodies using the bone surface milling mechanism;

inserting between the formed partially hemispherical surfaces an intervertebral disc endoprosthesis, comprising:

confronting concaval-convex supports, each support having an exterior convex surface adapted to mate with one of the formed partially hemispherical surfaces, and

a resilient body interposed between the concaval-convex supports such that the supports are capable of movement relative to the resilient body element after the endoprosthesis has been inserted between the formed partially hemispherical surfaces.

13. (Cancel)

14. (Currently Amended) The method of surgery according to claim 12, further comprising:

removing the bone surface milling jig after forming the concave surfaces in the endplates of the vertebral bodies.

15-35. (Cancelled).

36. (New) A method of surgery comprising:

forming concave surfaces in endplates of confronting vertebral bodies; and

inserting between the formed concave surfaces an intervertebral disc endoprosthesis wherein the intevertebral disc endoprosthesis comprises:

L-shaped supports wherein each of the L-shaped support comprises an exterior convex surface adapted to mate with one of the formed concave surfaces; and

a resilient body interposed between the L shaped supports.

37. (New) The method of claim 36, further comprising affixing the L shaped supports to the confronting vertebral bodies.

38. (New) The method of claim 36, further comprising implanting at least one anchor in at least one of the confronting vertebral bodies.

39. (New) The method of claim 38, wherein the implanting is located in an anterior surface of the at least one of the confronting vertebral bodies.

40. (New) The method of claim 39, further comprising affixing a bone surface milling mechanism to the at least one anchor.

41. (New) The method of claim 36 wherein the resilient body comprises a relative stiff portion and a relative supple portion.

42. (New) A method of endoprosthetic discectomy surgery comprising:

receiving information about a size, shape, and nature of a patient's involved natural spinal vertebral bodies and natural spinal vertebral discs from an imaging device;

removing at least the involved and damaged natural spinal disc material from the patient's spine;

implanting at least one anchor into a hole having a predetermined position in an anterior surface of at least one adjacent vertebral body;

forming concave surfaces in the adjacent vertebral bodies; and

implanting into the patient's spine, an intervertebral disc endoprosthesis comprising a resilient disc body and concaval-convex elements that at least partly surround and are capable of movement relative to the resilient disc body in the patient's spine.

43. (New) The method of claim 42, further comprising affixing a bone surface milling mechanism to the at least one anchor.

44. (New) The method of claim 42 wherein the concaval-convex elements are adjacent to the resilient body.

45. (New) The method of claim 42 wherein the concaval-convex elements are in contact with the resilient body.